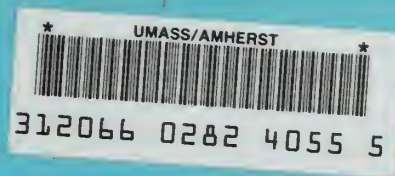


MASS. HS40-2:C436



CHILD ABUSE AND NEGLECT

GOVERNMENT DOCUMENTS
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INFORMATION AND RESOURCES

MEDIA RESOURCE CENTER
MASSACHUSETTS DEPARTMENT OF MENTAL HEALTH

1979

301/197

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State Purchasing Agt.

CHILD ABUSE AND NEGLECT

RESPONSIBILITY OF DEPARTMENT OF MENTAL HEALTH EMPLOYEES

WHO MUST REPORT

The child abuse Statute, G.L.c.119, 51A requires "any

*These are
"mandated"
reporters*

physician
medical intern
medical examiner
dentist
nurse
public or private school teacher
educational administrator
guidance or family counselor
probation officer
social worker
policeman

who, in his professional capacity, shall have reasonable cause to believe that a child under the age of 18 years is suffering serious physical or emotional injury", to report immediately to the Welfare Department. Any other person is *free to do so* but only the mandated reporters are under legal obligation to make this report.

FAILURE TO REPORT MAY RESULT IN A FINE OF \$1,000.

IN CASE OF DEATH

If a child dies as a result of abuse or neglect, mandated reporters must also report the death to the

Welfare Department
and
local district attorney and medical examiner

as provided in M.G.L.c.38,S.6

A FINE OF \$1,000 IS SEPARATELY PROVIDED FOR FAILURE TO REPORT THE DEATH.

*This information is from the Office of the General Counsel of the Massachusetts Department of Mental Health.

WHAT MUST BE
REPORTED

Indications of the following must be reported:

1. Abuse leading to:
 - serious physical harm or
 - serious emotional harm
2. Sexual abuse leading to:
 - serious physical harm or
 - serious emotional harm
3. Neglect leading to:
 - serious physical harm, including malnutrition, or
 - serious emotional harm
4. A child physically dependent on an addictive drug at birth.

Definitions

None of these phrases is defined, and it is initially up to professional judgment to determine when there is "serious" physical or emotional harm from abuse or neglect.

Immunity

Mandated reporters are immunized from criminal or civil liability if they report as required. Doubtful cases should therefore be decided in favor of reporting.

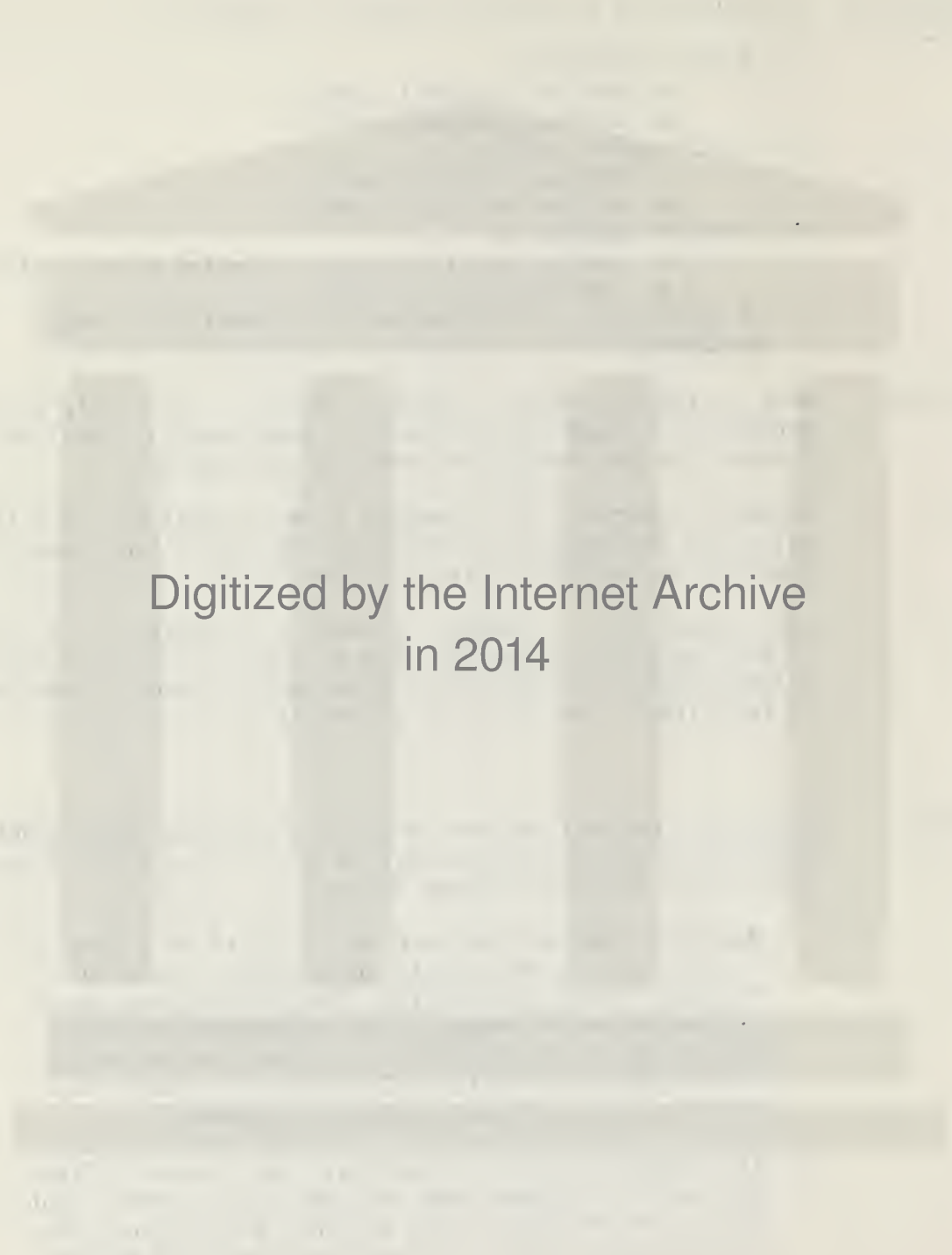
Criteria

The "trigger" for reporting is harm to the child. The statute is not limited to parental abuse or neglect. If a child is suffering abuse or neglect by relatives, friends or employees of facilities, the case must be reported.

REPORTING

Mandated reporters who are in private practice must report directly to the Protective Service Unit of the Welfare Department in the Regional Welfare Office.

1. Mandated reporters who are on the staff of a "medical or other public or private institution, school or facility" must notify either the Welfare Department or the person in charge. The Department of Mental Health Guidelines for Investigations require notice to the person in charge. *The person in charge must immediately notify the Welfare Department.*
2. The reporting person should call the Regional Office of the Welfare Department and ask for a screener for Protective Services. The screener will discuss the situation and assess the need for immediate action.
3. Under the terms of a new statute (Chapter 131 of the Acts of 1978), the Department of Public Welfare must investigate and evaluate the reports within 24 hours if there is "reasonable cause to believe the child's health or safety is in immediate danger from further abuse or neglect", and within 7 days in all other cases.



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<https://archive.org/details/childabuseneglec00mass>

PROBLEMS

Because of staff shortages and budgetary problems, delays in response to reports and in conducting investigations have been a major problem ever since the enactment of the statute.

*Options
in case
of delay*

If there is a delay in the Department of Public Welfare's response, and the child is at risk, consult the Department of Mental Health's legal office immediately for advice as to how to proceed. One option is afforded by G.L.c.119, s.51C, which provides that the presiding judge of a juvenile court or district court may authorize a hospital or physician who has the child in care to keep the child until the Department of Public Welfare receives custody or a hearing is held. This authority may be secured by telephone if necessary. If the Department of Public Welfare does not respond immediately a physician or person in charge of a hospital may call the juvenile or district court to obtain such authorization.

Alternatively, you may petition in juvenile court (or district court where there is no juvenile court), for an order for care and protection of the child (called a "C and P") under G.L.c.119, s.24.

*Emotional
harm*

There need not be actual physical harm to the child. Emotional harm created by the threat of physical harm is abuse within the meaning of the law. Opinions of the Attorney General, (1974-1975) No. 59.

*Refusal of
parents*

The refusal of parents to permit medical treatment necessary for the child's health or safety is sufficient grounds for a care and protection action. Custody of a Minor, Mass. Adv. Sh. (1978) 2002.

PRIVACY
CONFIDENTIALITY
PROFESSIONAL
PRIVILEGE

It is frequently asked if the mandated reporter's duty to report child abuse is superior to his or her duty to maintain confidentiality of information about clients. The answer is *yes*. It is plain that the Legislature which enacted the child abuse reporting statute intended that the mandated reporter should be protected against any legal action based on breach of confidentiality.

MASSACHUSETTS DEPARTMENT OF PUBLIC WELFARE

Summary of Regulations Pertaining to Reporting

Chapter 1076 of the Acts of 1973, An Act Providing Protective Services for Certain Children Who Have Been Injured, Abused or Neglected, establishes a new system for reporting children in need of Protective Services. In compliance with this law, the Department of Public Welfare has formulated Rules and Regulations for the reporting, investigation, evaluation and management of cases of child abuse and neglect. The ensuing material summarizes those parts of the Regulations which pertain to the reporting of child abuse and neglect.

The Department of Public Welfare considers incidence of abuse and neglect as symptoms of underlying family or social problems, and believes that solutions lie not solely with effective reports and investigations, but more importantly in the community's response to the family's needs.

Many of these families feel isolated from their community and are unaware of the resources available to them. Their basic sense of mistrust precludes their turning to the community for help. As a result, their needs are often not recognized until a report has been made.

Although, initially parents may be resentful of being "reported", many are relieved to learn that someone does care and is willing to offer assistance. These parents want and need help, and a report is an important step in initiating the helping process.

Hopefully, through an effective reporting system, families with special problems will be recognized and given assistance before it is too late. Early detection of symptoms of abuse or neglect may be of crucial importance in insuring the safety and well-being of the child, as well as strengthening and preserving the family.

REPORTS FOR
INJURIES

All mandatory reporters shall immediately notify the Department by oral communication of any reportable condition, and by the subsequent mailing of a written report within forty-eight hours after such oral communication.

WHERE TO
REPORT

Refer all cases of child abuse and neglect to one of the Protective Services units within the Department of Public Welfare's Office of Social Services.

Boston Region

Protective Service Unit
21 James Street
Boston, MA 02118
Telephone: 266-3256

Greater Boston Region

Protective Service Unit
Greater Boston Regional Office
39 Boylston Street
Boston, MA 02111
Telephone: 357-8250

New Bedford Region

Protective Service Unit
Brockton Welfare Service Office
75 Commercial Street
Brockton, MA 02400
Telephone: 586-1678

Protective Service Unit
New Bedford Regional Office
684 Purchase Street
New Bedford, MA 02740
Telephone: 997-3361

Lawrence Region

Protective Service Unit
Lawrence Regional Office
1 Mill Street
Lawrence, MA 01840
Telephone: 686-3971

Worcester Region

Protective Service Unit
Worcester Regional Office
75A Grove Street
Worcester, MA 01608
Telephone: 791-8571

Springfield Region

Protective Service Unit

Kimball Towers

140 Chestnut Street

Springfield, MA 01103

Telephone: (Days) 413-781-0881; (24 hours) 1-800-332-9698

Protective Service Unit

Pittsfield Community Service Area Office

Box 576

46 Summer Street

Pittsfield, MA 01201

Telephone: (Days) 413-499-3250; (24 hours) 1-800-292-5022

RULES AND REGULATIONS FOR REPORTING

- AUTHORITY** Chapter 1076 of the Acts of 1973, through amendments and additions to Chapter 119 of the Massachusetts General Laws, establishes for Massachusetts a new system for the reporting, investigation, evaluation and management of cases of alleged serious physical or emotional injuries to children due to abuse, neglect or addiction at birth. The Regulations in this part are adopted pursuant to this authority.
- PURPOSE** "It is hereby declared to be the policy of this Commonwealth to direct its efforts, first, to the strengthening and encouragement of family life for the protection and care of children; to assist and encourage the use by any family of all available resources to this end; to provide substitute care of children only when the family itself or the resources available to the family are unable to provide the necessary care and protection to insure the rights of any child to sound health and normal physical, mental, spiritual and moral development."
- DEFINITIONS** Since the Law does not define abuse or neglect, the Department has formulated its own definitions in an attempt to clarify any misconceptions.
- Abuse*
- a) A physical injury or emotional injury by other than accidental means which causes or creates a substantial risk of death or protracted impairment of the function of any bodily organ; and
 - b) The commission of sex offense against a child as defined in the criminal laws of Massachusetts.
- Neglect*
- A condition in which a caretaker responsible for the child either deliberately or by extraordinary inattentiveness permits the child to experience avoidable present suffering by failing to provide one or more of the ingredients generally deemed essential for developing a person's physical, intellectual and emotional capacities, such as:
- a) adequate food, clothing, shelter, or education, or medical care, though financially able to do so or offered financial or other reasonable means to do so; or
 - b) proper supervision or guardianship; or

c) physical dependence of a child upon an addictive drug at birth

<i>Child</i>	Any male or female under the age of eighteen years.
<i>Mandatory reporter</i>	Any physician, medical intern, medical examiner, dentist, nurse, public or private school teacher (including personnel of licensed day care centers who have supervisory responsibilities towards the children in such centers), educational administrator, guidance or family counselor (including any psychologist, who as part of his duties, performs the duties usually performed by a guidance or family counselor), probation officer, social worker or policeman.
REPORTING FORM	Mandatory reporters must fill out form CW-3C which is a "Report of Child Alleged to be Suffering From Serious Physical or Emotional Injury by Abuse or Neglect". Attached is a copy of this form.
REPORT OF DEATH	All mandatory reporters who have reasonable cause to believe that a child has died as a result of a reportable condition shall immediately thereafter report such death in writing to the Department, to the district attorney for the county in which such death occurred and to the medical examiner for the district within the county wherein said child's body lies.
IMMUNITY	State law provides that no mandatory reporter shall be liable in any civil or criminal action by reason of submitting a report. No other person making a report shall be liable in any civil or criminal action by reason of submitting such a report if it was made in good faith.
PENALTY	None.
WAIVER	State law provides that any privilege established by G.L.C.233 s.20 (testimony relating to private conversations between husband and wife; testimony against a spouse relating to commission of a crime) and G.L.C.233 s.20B (testimony as to communications between patients and psychotherapists) may not be invoked in any action arising out of a report made pursuant to this action.

NOTIFICATION
OF PARENTS

The Department recommends that, whenever possible, all reporters notify the parents or persons responsible for the reported child that a report is being submitted to the Department.

DEPARTMENT'S
RESPONSIBILITY

Once a report has been made to the Department of Public Welfare, the Department or a designated private agency whose services are purchased by the Department shall:

1. "investigate and evaluate the information reported
2. evaluate the household of the child named in the report and determine the risk of physical or emotional injury to any other children in the same household;
3. take a child into immediate temporary custody if the department has reasonable cause to believe that the removal of the child is necessary to protect him from further abuse or neglect ...
4. offer to the family of any child which it has reasonable cause to believe is suffering from any of the conditions described in the report, appropriate social services to prevent further injury to the child, to safeguard his welfare, and to preserve and stabilize family life whenever possible. If the family declines or is unable to accept or to participate in the offered services, the Department, or any person may file a (neglect) petition ... regarding an appropriate order with reference to the care and protection of the child;
5. file in the central registry ... a written report containing information sufficient to identify each child ... A notation shall be sent to such central registry whenever further reports on each such child are filed with the Department; ..." G.L.C.119 s.51B

The administrator of a medical or other public or private institution, school or facility shall report in lieu of staff. (Any other person may report.)

*Reportable
condition*

A serious physical or emotional injury resulting from abuse inflicted upon a child, including sexual abuse; or a serious physical or emotional injury resulting from neglect, including malnutrition; or physical dependence of a child upon an addictive drug at birth; or emotional injury resulting from the threat of physical harm.

MASSACHUSETTS DEPARTMENT OF PUBLIC WELFARE
REPORT OF CHILD ALLEGED TO BE SUFFERING FROM
SERIOUS PHYSICAL OR EMOTIONAL INJURY BY ABUSE OR NEGLECT

Please complete all sections of this form. If some data is unknown, please signify. If some data is uncertain, please place a question mark after the entry.

DATA ON CHILD REPORTED:

Name: _____
Last First Middle

Address: _____
Street & Number City/Town State

Sex: ☐ Male ☐ Female Age: _____

DATA ON MALE GUARDIAN OR PARENT:

Name: _____
Last First Middle

Address: _____
Street & Number City/Town State

Telephone Number: _____ Age: _____

DATA ON FEMALE GUARDIAN OR PARENT:

Name: _____
Last First Middle

Address: _____
Street & Number City/Town State

Telephone Number: _____ Age: _____

_____ Date of Report

_____ Report received by telephone

_____ Mandatory report/Voluntary report

_____ Report received in writing

Name of Reporter: _____
Last First Middle

Address of Reporter: _____
Street & Number City/Town State

Telephone Number of Reporter: _____ Relationship of Reporter to Child: _____

Name and Location of
Reporting Institution,
School or Facility: _____

_____ Street / Number City/Town State

_____ Telephone Number

What is the nature and extent of the injury, abuse, maltreatment or neglect, including prior evidence of same?
(Please cite the source of this information if not observed first hand).

What are the circumstances under which the reporter became aware of the injuries, abuse, maltreatment or neglect?

What action has been taken thus far to treat, shelter or otherwise assist the child to deal with this situation?

Please give any other information which you think might be helpful in establishing the cause of the injury and/or the person responsible for it.

Signature of Reporter (if written report)

FOR DEPARTMENT USE ONLY

Time and date report received:

Person receiving report:

Name Unit Telephone

Person assigned to investigate and evaluate situation:

Name Unit Telephone Assigned

CHARACTERISTICS OF ABUSE AND NEGLECT

The following material was taken from "Child Abuse and Neglect, The Problem and Its Management: An Overview of the Problem", Vol. 1. U.S. Department of Health, Education and Welfare.

Recognizing a child's need for protection is obviously more important than determining the form of maltreatment involved. In confronting a possible case of child maltreatment, the operational problem is not how to classify it, but whether or not to report it. Unfortunately, many of those who might report are not acquainted with the characteristics of abuse and neglect, and are therefore not alert to signs of possible maltreatment.

The following lists include both general characteristics of maltreated children and their parents, and some indicators of specific forms of maltreatment. (More specific criteria for medical diagnosis can be found in Volume 2, Chapter 3.) The categories are not necessarily mutually exclusive; any of the forms of maltreatment can occur separately or together. Moreover, the characteristics listed are not proof of maltreatment, since any one or several can reflect situations other than abuse or neglect. But awareness of these characteristics helps in understanding the nature of abuse and neglect and, in practical terms, can help in identifying children in need of protection.

General. Abused or neglected children are likely to share at least several of the following characteristics:

- They appear to be different from other children in physical or emotional makeup, or their parents inappropriately describe them as being "different" or "bad."
- They seem unduly afraid of their parents.
- They may often bear welts, bruises, untreated sores, or other skin injuries.
- Their injuries seem to be inadequately treated.
- They show evidence of overall poor care.
- They are given inappropriate food, drink, or medication.
- They exhibit behavioral extremes: for example, crying often, or crying very little and showing no real expectation of being comforted; being excessively fearful, or seeming fearless of adult authority; being unusually aggressive and destructive, or extremely passive and withdrawn.
- Some are wary of physical contact, especially when it is initiated by an adult; they become apprehensive when an adult approaches another child, particularly one who is crying. Others are inappropriately hungry for affection, yet may have difficulty relating to children and adults. Based on their past experiences, these children cannot risk getting too close to others.

- They may exhibit a sudden change in behavior: for example, displaying regressive behavior—pants-wetting, thumb-sucking, frequent whining; becoming disruptive; or becoming uncommonly shy and passive.
- They take over the role of the parent, being protective or otherwise attempting to take care of the parent's needs.
- They have learning problems that cannot be diagnosed. If a child's academic, IQ, and medical tests indicate no abnormalities but still the child cannot meet normal expectations, the answer may well be problems in the home—one of which might be abuse or neglect. Particular attention should be given to the child whose attention wanders and who easily becomes self-absorbed.
- They are habitually truant or late to school. Frequent or prolonged absences sometimes result when a parent keeps an injured child at home until the evidence of abuse disappears. In other cases, truancy indicates lack of parental concern or ability to regulate the child's schedule.
- In some cases, they frequently arrive at school too early and remain after classes rather than going home.
- They are always tired and often sleep in class.
- They are inappropriately dressed for the weather. Children who never have coats or shoes in cold weather are receiving subminimal care. On the other hand, those who regularly wear long sleeves or high necklines on hot days may be dressed to hide bruises, burns, or other marks of abuse.

The parents of an abused or neglected child may exhibit any of the following traits:

- They are isolated from family supports such as friends, relatives, neighbors, and community groups; they consistently fail to keep appointments, discourage social contact, and never participate in school activities or events.
- They seem to trust no one.
- They themselves were abused or neglected as children.
- They are reluctant to give information about the child's injuries or condition. When questioned, they are unable to explain, or they offer far-fetched or contradictory explanations.
- They respond inappropriately to the seriousness of the child's condition: either by overreacting, seeming hostile or antagonistic when questioned even casually; or by underreacting, showing little concern or awareness and seeming more preoccupied with their own problems than those of the child.
- They refuse to consent to diagnostic studies.
- They fail or delay to take the child for medical care—for routine checkups, for optometric or dental care, or for treatment of injury or illness. In taking an injured child for medical care, they may choose a different hospital or doctor each time.
- They are overcritical of the child and seldom if ever discuss the child in positive terms.

- They have unrealistic expectations of the child, expecting or demanding behavior that is beyond the child's years or ability.
- They believe in the necessity of harsh punishment for children.
- They seldom touch or look at the child; they ignore the child's crying or react with impatience.
- They keep the child confined—perhaps in a crib or playpen—for overlong periods of time.
- They seem to lack understanding of children's physical, emotional, and psychological needs.
- They appear to be misusing alcohol or drugs.
- They cannot be located.
- They appear to lack control, or fear losing control.
- They are of borderline intelligence, psychotic, or psychopathic. While such diagnoses are the responsibility of a psychiatrist, psychologist, or psychiatric social worker, even the lay observer can note whether the parent seems intellectually capable of child-rearing, exhibits generally irrational behavior, or seems excessively cruel and sadistic.

Physical Abuse. More specifically, physically abused children will probably fit some of the following descriptions:

- They bear signs of injury—bruises, welts, contusions, cuts, burns, fractures, lacerations, strap marks, swellings, lost teeth. The list of possibilities is long and unpleasant. While internal injuries are seldom detectable without a hospital workup, anyone in close contact with children should be alert to multiple injuries, a history of repeated injury, new injuries added to old, and untreated injuries—especially in the very young child.
- The older child may attribute the injury to an improbable cause, lying for fear of parental retaliation. The younger child, on the other hand, may be unaware that severe beating is unacceptable and may admit to having been abused.
- They are behavior problems. Especially among adolescents, chronic and unexplainable misbehavior should be investigated as possible evidence of abuse. Some children come to expect abusive behavior as the only kind of attention they can receive, and so act in a way that invites abuse. Others have been known to break the law deliberately so as to come under the jurisdiction of the courts to obtain protection from their parents.
- Their parents generally provide such necessities for the child as adequate food and clean clothes; but they anger quickly, have unrealistic expectations of the child, use inappropriate discipline, and are overly critical and rejecting of the child.

Sexual Abuse. Sexual abuse, a form of physical abuse, ranges from exposure and fondling to intercourse, incest, and rape. Approximately 75 percent of the offenders, usually males, are known to the child or the child's family. Some 90 percent of the victims are girls, from infants through adolescents.

Since the sexually abused child lacks the tell-tale symptoms of battering, sexual abuse is difficult to identify and even harder to prove. Short of the child telling someone, the best indicators are a sudden change in behavior and signs of emotional disturbance. The child, for example, may unexplainably begin to cry easily and seem excessively nervous. Dr. Vincent De Francis reported in 1969 that two-thirds of the children detected in a three-year study of sexual abuse in New York City evidenced some degree of emotional disturbance.⁵

Physical Neglect. Dr. Abraham Levine notes that, to some extent, neglect "defies exact definition, but it may be regarded as the failure to provide the essentials for normal life, such as food, clothing, shelter, care and supervision, and protection from assault."⁶ Physically neglected children tend to exhibit at least several of the characteristics below:

- They are often hungry. They may go without breakfast, and have neither food nor money for lunch. Some take the lunch money or food of other children and hoard whatever they obtain.
- They show signs of malnutrition—paleness, low weight relative to height, lack of body tone, fatigue, inability to participate in physical activities, and lack of normal strength and endurance.
- They are usually irritable.
- They show evidence of inadequate home management. They are unclean and unkempt; their clothes are torn and dirty; and they are often unbathed. As mentioned earlier, they may lack proper clothing for weather conditions, and their school attendance may be irregular. In addition, these children may frequently be ill and may exhibit a generally repressed personality, inattentiveness, and withdrawal.
- They are in obvious need of medical attention for such correctable conditions as poor eyesight, dental care, and immunizations.
- They lack parental supervision at home. The child, for example, may frequently return from school to an empty house. While the need for adult supervision is, of course, relative to both the situation and the maturity of the child, it is generally held that a child younger than 12 should always be supervised by an adult or at least have immediate access to a concerned adult when necessary.
- Their parents are either unable or unwilling to provide appropriate care. Some neglecting parents are mentally deficient; most lack knowledge of parenting skills and tend to be discouraged, depressed, and frustrated with their role as parents.

Emotional Abuse or Neglect. Emotional abuse or neglect is far more difficult to identify than its physical counterparts. Such maltreatment includes the "parent's lack of love and proper direction, inability to accept a child with his potentialities as well as his limitations, . . . [and] failure to encourage the child's normal development by assurance of love and acceptance."⁷ The parents

of an emotionally abused or neglected child may be overly harsh and critical, demanding excessive academic, athletic, or social performance. Conversely, they may withhold physical and verbal contact, care little about the child's successes and failures, and fail to provide necessary guidance and praise. Though emotional maltreatment may occur alone, it is almost always present in cases of physical abuse or neglect. The emotional damage to children who are physically abused or whose basic physical needs are unattended is often more serious than the bodily damage.

The indicators of emotional maltreatment are often intangible, but sooner or later the consequences become evident. The child may react either by becoming "hyperaggressive, disrupting and demanding . . . shouting his cry for help," or by becoming "withdrawn . . . whispering his cry for help."⁸ In a class of psychologically healthy children, the emotionally abused child often stands out unmistakably. Emotional maltreatment has a decidedly adverse effect on a child's learning ability, achievement level, and general development. The strongest indicators are unaccountable learning difficulties and changed or unusual behavior patterns.

Typical abused child 7½

Abused children need better state follow-up, study implies

By Michael Kenney
Globe Staff

The typical Massachusetts victim of child abuse or neglect is a 7½-year-old white child living with an unmarried mother and having a previous history of being abused or neglected, according to a Department of Public Welfare study released yesterday.

The study of 1459 children who were reported to the department as suspected victims of abuse or neglect also showed that only 513 of the children turned out to actually require state protective services, and 201 of them were already active cases at the time this report was made.

John E. McManus, director of the department's social services programs, said in an interview yesterday that the findings — particularly the fact that so many of the victims had prior histories of being abused or neglected — caused him "to worry that maybe we are not staying with our cases long enough."

"It appears," McManus said, "that many of these families have been in the system before. We helped them through one crisis period and then closed the case, but then when there's some new stress, there's a new crisis."

Commenting on the disparity between the large number of reports and the small number of actual new cases of child abuse or neglect they turned up, McManus said that he was "not convinced there are millions of people out there beating up their kids, but even the reports that turned out to be completely wrong had to be carefully handled."

Daniel J. Friedman, the department's research director, said the profile of abused and neglected children appeared to be in line with the information contained in less detailed reports from other states.

Based on the 513 children who were determined to be actual victims of abuse or neglect

in May 1978, the average age was 7½ and 78 percent were white. The number of boys and girls was about equal. More than 80 percent had been previously abused or neglected.

Just under 90 percent of the children lived with their natural mother. Typically, she was in her late 20s, had her first pregnancy when she was a teenager and had some record of emotional problems. More than a quarter of the mothers had themselves been victims of abuse or neglect as children. About two-thirds were receiving some welfare benefits.

Almost three-quarters of the families had experienced some disruptive event within the previous year — a separation or divorce, moving, hospitalization or serious illness, or the birth of another child.

The majority of the 513 children were determined to be victims of neglect, while 16 percent had been abused and 19 percent had been both abused and neglected. Another 6 percent had been sexually abused — two-thirds by their stepfather or mother's boyfriend and the remaining third by their mother.

In 190 cases in which actual abuse or neglect was found, the child was immediately removed from the home. That was also the action taken in 49 reported cases that were later determined to be unfounded.

The long-term action taken in the 513 actual abuse or neglect cases was most likely to be counseling or the provision of day care or homemaker services. About 85 children were placed in foster care.

Other sources of help and information in Massachusetts are:

THE HOT LINE

1-800-792-5200

The HOT LINE is now in place. The purpose of this telephone service is:

- o to receive calls after hours (during working hours the Department of Public Welfare should be called)
- o to provide a 24 hour, 7 day "stress" line. Staff will be available to deal with crisis situations and refer or send help to families.
- o to provide a 24 hour information and referral service

NEW ENGLAND RESOURCE CENTER FOR PROTECTIVE SERVICES

The New England Resource Center for Protective Services (NERCPS) makes available professionals and consultants with access to a variety of support materials and services to child welfare agencies throughout New England. Organized in 1975 and initially funded by a grant from the U.S. Department of Health, Education, and Welfare to the Judge Baker Guidance Center in Boston, NERCPS has established offices in each New England state to assure that the Center's resources are always available. While the Center addresses all aspects of child abuse and neglect, its major goal is to strengthen the organization and delivery of protective services. Assistance is available in the following areas:

- o Training and Education
- o Information Systems
- o Organizational Development
- o Legal and Judicial Consultation
- o Policy Exploration
- o Interagency Cooperation
- o Research

PARENTS ANONYMOUS

PARENTS ANONYMOUS is a self-help and support group of and for parents. Each member of the group has the name and phone number of each other group member. In times of stress, these numbers provide a hot-line for the parents. There is also education of

alternative ways of dealing with stress situations. Parents Anonymous is helpful in breaking down the sense of isolation and in building trusting relations. The numbers in Massachusetts are:

Attleboro

Janet Sylvia
Perrin Street
Attleboro, MA 02703

Boston

Maggie - Telephone: 254-7634; 232-7950
Joan Wheeler - Telephone: 899-3861

Brockton

David Chamberlain - Telephone: 323-2166

Cambridge

Mary Q - Telephone: 623-5096 (days)
492-0679 (evenings)

Chelsea

Betsy Bishop - Telephone: 884-8300

Fall River

Maryfran Davis - Telephone: 679-0041

Greenfield

Beverly Whitbeck - Telephone: 774-3432

Lynn

Edna Bishop - Telephone: 581-7678

Milford

Lee - Telephone: 473-0595

New Bedford

Cynthia - Telephone: 992-3875

Pittsfield

Sue Guyette - Telephone: 413-443-3996 (evenings)
413-442-6468 (days)
Mrs. Elizabeth Cronin - Telephone: 413-448-8408

Plymouth

Marianne Dunlop - Telephone: 746-2490

Westfield

Virginia Layac - Telephone: 413-562-1313
Laura Dillingham - Telephone: 413-568-2250

For information regarding newer Chapters in Massachusetts and New England, call National Office, Telephone: 1-800-421-0353.

Nationally, information can be obtained from:

National Center on Child Abuse and Neglect
Children's Bureau
Office of Child Development
P.O. Box 1182
Washington, DC 20013

The American Humane Association
Children's Division
P.O. Box 1266
Denver, CO 80201

National Center for the Prevention and Treatment of
Child Abuse and Neglect
University of Colorado Medical Center
1001 Jasmine
Denver, CO 80220

Parents Anonymous
2810 Artesia Boulevard
Redondo Beach, CA 90278
Telephone: 213-371-3501

BOOKS

There are extensive bibliographies available on this subject. The New England Resource Center for Protective Services has an excellent library of materials. Some of the better known and more easily available books are:

The Battered Child, Helfer, R.E. and Kempe, C.H.,
Chicago: U. of Chicago Press, 1968.
Child Abuse, Kenipe, Ruth S. and Henry, C., Cambridge, MA:
Harvard University Press, 1978.
Child Abuse and Neglect: The Problem and Its Management,
3 volumes, National Center on Child Abuse and Neglect.
Vol. 1, "An Overview of the Problem", Stock No.
017-092-00018-9, Price: \$1.50.
Vol. 2, "The Roles and Responsibilities of Pro-
fessionals", Stock No. 017-092-00017-1, Price: \$1.90.
Vol. 3, "The Community Team, An Approach to Case
Management and Prevention", Stock No. 017-092-00019-7,
Price: \$2.60. (Copies may be ordered from the Super-
intendent of Documents, U.S. Government Printing
Office, Washington, DC 20402, at prices shown.)
Helping the Battered Child and His Family, Kempe, C.G.
and Helfer, R.E., Philadelphia: J.B. Lippincott,
1972.

Profile of Neglect: A Survey of the State of Knowledge of Child Neglect, Public Services Administration, Social and Rehabilitation Service, U.S. Department of Health, Education and Welfare, Washington, DC, 1975. (Superintendent of Documents, Stock No. 017-065-00006-8, Price: \$1.20.)

Protective Services for Abused and Neglected Children and Their Families, A Guide for State and Local Department of Public Social Services on the Delivery of Protective Services, PSA, SRS, DHEW, Washington, DC, 1977. (Single copies available without charge from SRS, Room G-115, Mary Switzer Building, Washington, DC 20201.)

BIBLIOGRAPHIES on the subject can be obtained from:

National Institute of Mental Health
5600 Fishers Lane
Rockville, MD 20857
(Ask for "Selected References on Child Abuse and Neglect".)

Public Services Administration
Social and Rehabilitation Service
U.S. Department of Health, Education, and Welfare
Room G-115, Mary Switzer Building
Washington, DC 20201
(Ask for "Child Neglect: An Annotated Bibliography", SRS, 76-23041.)

AUDIO-VISUAL aids:

Lists can be obtained from:

American Academy of Pediatrics
Infant and Pre-School Committee
1801 Hinman Avenue
Evanston, ILL 60204

National Center for the Prevention and Treatment of Child Abuse and Neglect
University of Colorado Medical Center
1001 Jasmine
Denver, CO 80220
(In conjunction with others, this Center has prepared self-help materials that can be rented or sold. These are listed in a catalogue available from the above address.)

The New England Resource Center for Protective Services has the following audiovisual aids available for loan:

FILMS

Doctor in Court. (Color 16mm film, 31 min.) 1976.

A pre-trial briefing and a courtroom trial aimed at improving testimony by physicians in child abuse and neglect proceedings are dramatized. Precautions to be taken during cross-examination are noted. The advice offered is intended to relax the physician and to help him present unequivocal statements after having been established as an expert witness. The technical quality of the picture and sound is fair.

Don't Give Up on Me. (Color 16mm film, 29 min.) 1975.

The film depicts a case of child abuse and the way in which the mother is helped through a multidisciplinary team approach. The case is followed from the initial complaint to the police, the court hearing, follow-up by a social worker, and Parents Anonymous workshops. The film creates empathetic identification with the parent. The accompanying instructor's manual outlines the goals of the film and provides guidelines for leading group discussions and applying the film's themes.

Fragile: Handle With Care. (Color 16mm film, 26 min.) 1974.

Three actual cases of child abuse are reenacted. The film begins with the funeral of an abused child; the mother describes the incidents which led to the death. A nonpunitive approach toward the parents is stressed in the other two cases, as well as the importance of breaking the generational cycle of abuse.

The Interview. (Color 16mm film, 35 min.) 1976.

The film presents an actual interview between the parent of a suspected abused child and a physician. Important interviewing principles and an outline of one approach to gathering important medical, social, and psychological information necessary for assessment and conducting a treatment plan are presented.

Investigating Reports of Child Abuse and Neglect. (Color 16mm film, 28 min.) 1976.

Separate cases of child abuse and neglect are depicted. The dramatization of the abuse case shows the physician's diagnosis, an interview with the mother, and involvement by child protective service authorities. The second dramatization concerns the role of police in investigating a report of children left unsupervised.

The Medical Witness. (Color 16mm film, 35 min.) 1976.

The film portrays a physician testifying as an expert medical witness in a juvenile court child abuse case. The doctor is shown in a pre-trial interview with the county attorney assigned to present the case in court, and later as an expert witness at the adjudicatory hearing. A narrator highlights the main points made by the film's dramatizations.

Sexual Abuse: The Family. (Color 16mm film, 25 min.) 1976.

An overview of intrafamily sexual abuse of children includes definitions of the problem, common myths, physical and behavioral indicators, family dynamics, and different approaches to the problem. Raylene Devine (Children's Hospital Medical Center, Washington, DC), Henry Giaretto (Santa Clara County Sexual Abuse Program, San Jose, CA), and Betty Stovall (Detroit Children's Aid Society) discuss the problem and their approaches to it. Family conservation is the primary treatment goal. A simulated demonstration of proper interviewing techniques with those involved in a sexual abuse case is presented, with emphasis on minimizing the trauma for the child.

Treatment Techniques. Part II. (B&W 16mm film, 5 min.) 1976.

A dramatization is presented of a therapist receiving an angry parent. The therapist remains passive while the parent vents his anger, and awaits an opportunity to communicate rationally with the parent. The technical quality of the picture and sound is fair.

Working Together. (Color 16mm film, 30 min.) 1976.

Members of multidisciplinary teams in San Diego County, CA, Saline County, Kansas, and Montgomery County, MD, address the benefits of using the multidisciplinary approach to child abuse and neglect case management. Topics discussed include the ways in which teams: (1) offer consultation and expertise on child abuse or neglect situations before and after court involvement; (2) consider and identify gaps in services; (3) promote the involvement of more people; (4) initiate better uses of local resources; and (5) stimulate intergovernmental efforts. Team effectiveness in disseminating relevant case information and referrals is also noted.

FILMSTRIPS

Child Abuse and Neglect: What the Educator Sees. (Synchronized color filmstrip-audiocassette, 15 min.). 1976.

Available from: National Audio Visual Center, GSA, Order Section, Washington, DC 20409, Order No. 000702.

Purchase Price: \$12.50

The filmstrip presents physical and behavioral indicators of abuse and neglect which children are likely to display in a school setting. Physical signs of child abuse which should promote suspicion include bruises, burns, bites, or any unusual marks. Signs of suspected neglect such as unsuitable clothing, poor hygiene, hunger, or sleepiness are depicted. Behavioral indicators such as frequent tardiness, extreme behavior, aggressiveness, passivity, or erratic behavior are presented. These signs are merely suggestions of the problem and must be further investigated. The problem of sexual abuse is also briefly discussed.

Identifying Neglect: Before It's Too Late. (Synchronized color filmstrip-audiocassette, 12 min.). 1976.

Available from: National Audio Visual Center, GSA, Order Section, Washington, DC 20409, Order No. 000561.

Purchase Price: \$12.50

Child neglect is defined and various signs of neglect are depicted. In general, a neglect situation is indicated by threats to the child's health and refusal of assistance by the parents or caretakers. Typical signs of child neglect include abandonment, lack of preventive health care, inadequate supervision (especially of infants), inadequate and unclean clothing, the failure to thrive syndrome, poor parent-child relations, and unsafe shelter. The problem occurs at all income levels, and cultural differences must be taken into account when assessing a possible neglect situation.

Medical Indicators of Child Abuse and Neglect. Part 1: Skin Trauma; Part 2: Internal Injuries. (Synchronized color filmstrip-audiocassette, 22 min.). 1976.

Available from: National Audio Visual Center, GSA, Order Section, Washington, DC 20409, Order No. 000629.

Purchase Price: \$12.50

"Part 1: Skin Trauma" and "Part 2: Internal Injuries" are included on the same filmstrip. Part 1 depicts a physical examination of a child, with emphasis on the physician's responsibility to follow through. Part 2 concerns the critical threat of abdominal or internal injuries, and includes photographs and medical illustrations. Presenting symptoms are described for abdominal, eye, and brain injuries. The importance of good evidence, via photographs and x-rays, and of noting discrepancies in explanations is emphasized.

Medical Indicators of Child Abuse and Neglect. Part 3: Skeletal Injuries. (Synchronized color filmstrip-audiocassette, 17 min.). 1976.

The filmstrip illustrates the utility of x-rays in determining abuse. Metaphyseal, epiphyseal, and periosteal injuries are

shown and described as the most common skeletal injuries. Phases of fracture healing are depicted along with aberrations that result from multiple fracturing. Several symptoms of organic diseases which might be confused with symptoms of abuse are reviewed.

Medical Indicators of Child Abuse and Neglect. Part 4: Neglect. (Synchronized color filmstrip-audiocassette, 13 min.). 1976. The filmstrip presents photographs of children living under inadequate conditions and discusses child neglect and how the physician may recognize it. Malnutrition and the failure to thrive syndrome are described and appropriate treatment methods are outlined. Signs of emotional deprivation in an infant are noted.

Medical Indicators of Child Abuse and Neglect. Part 5: Sexual Abuse. (Synchronized color filmstrip-audiocassette, 15 min.). 1976.

Raylene Devine (Children's Hospital, Washington, DC) describes the clinical manifestations of sexual abuse. The physical examination of a sexual abuse victim requires knowledgeable handling, understanding, and special sensitivity. Recommended procedures for performing the examination are outlined.

Physical Abuse: What Behavior Can Tell Us. (Synchronized color filmstrip-audiocassette, 14 min.). 1976.

Available from: National Audio Visual Center, GSA, Order Section, Washington, DC 20409, Order No. 000549.
Purchase Price: \$12.50

Behavioral signs of child abuse are depicted and described, including introversion, extreme passivity, shyness, and fearfulness. The less severely abused child is often frustrated by his parents' inconsistent behavior, and may be aggressive and hyperactive; acting out is common. Many children exhibit both types of behavior; extreme behavior should be noted. Characteristics of abusive parents include tenseness, apathy, displeasure with the child, and dependence on the child.

Physical Indicators of Abuse, Signs of Alert. (Synchronized color filmstrip-audiocassette, 13 min.). 1976.

Available from: National Audio Visual Center, GSA, Order Section, Washington, DC 20409, Order No. 000544.
Purchase Price: \$12.50

Photographs, x-rays, and illustrations of common injuries found in physically abused children are presented. Bruises, burns, abrasions, lacerations, metaphyseal and spiral fractures, epiphyseal separation, periosteal inflammation, subdural and retinal hematomas, and internal injuries which result from strong blows and kicks are described and depicted. Frequently in cases of physical abuse, the parents offer inadequate explanations for the injuries.

